

CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 520

Date: APRIL 8, 2005

CHANGE REQUEST 3789

SUBJECT: Payment Policy Clarification Regarding the Healthcare Common Procedure Coding System (HCPCS) Q3001 Performed in an Ambulatory Surgery Center (ASC)

I. SUMMARY OF CHANGES: This One Time Notification clarifies payment instructions for carriers processing claims received from providers for HCPCS Q3001 (Prostate Brachytherapy elements) in an ASC setting.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 01, 2005

IMPLEMENTATION DATE: May 9, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment – One-Time Notification

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SUBJECT: Payment Policy Clarification Regarding the Healthcare Common Procedure Coding System (HCPCS) Q3001 Performed in an Ambulatory Surgical Center (ASC)

I. GENERAL INFORMATION

A. Background: It has come to the attention of the Centers for Medicare & Medicaid Services (CMS) that confusion exists among carriers and providers regarding the use of HCPCS code Q3001 (radioelements for brachytherapy, any type each). Effective for dates of service on and after January 1, 2005, Q3001 became carrier priced on the 2005 Medicare Physician Fee Schedule Database (MPFSDB). Before that, Q3001 was only paid under OPPS and billable only to fiscal intermediaries. The purpose of this one-time notification is to confirm CMS' payment policy decision that Q3001 is carrier priced and carriers should be processing claims containing Q3001. The 2005 HCPCS file did contain a processing note that indicated that Q3001 could not be used for Part B services. This was an oversight and the note has since been deleted in the HCPCS database. The Current Procedural Terminology code 79900 that was used by providers to bill carriers has been discontinued effective January 1, 2005. Contractors will need to educate the provider community through a Medlearn Matters Article to use HCPCS Q3001 in place of 79900 for billing brachytherapy seeds used in an ASC.

B. Policy: 2005 Update of the Medicare Physician Fee Schedule Data Base

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3789.1	Effective for services performed on or after January 1, 2005, contractors shall accept Q3001 (radioelements for brachytherapy, any type each) for claims from providers for prostate brachytherapy procedures performed in an ASC. Q3001 is carrier priced under the 2005 MPFSDB.			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3789.2	Contractors shall not search and adjust for claims already processed unless brought to your attention.			X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2005</p> <p>Implementation Date: May 9, 2005</p> <p>Pre-Implementation Contact(s): Yvette Cousar at ycousar@cms.hhs.gov; (410) 786-2160 for Part B claims processing and Marsha Mason-Wonsley at mmwonsley@cms.hhs.gov; (410) 786-9375 for Payment Policy/coding issues.</p> <p>Post-Implementation Contact(s): Appropriate Regional Office</p>	<p>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.</p>
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